

FY 2004, 2005, 2006 GPRA INDICATORS

Performance Indicator	FY 2004 Target	2005 Target	2006 Target	Headquarters Lead
TREATMENT INDICATORS				
Diabetes Group				
<u>Diabetes: Poor Glycemic Control:</u> Assure that the proportion of patients with diagnosed diabetes that have poor glycemic control does not increase [intermediate outcome]	During FY 2004, establish the baseline of patients with diagnosed diabetes that have poor glycemic control.	During FY 2005, assure that the proportion of patients with diagnosed diabetes that have poor glycemic control does not increase above the FY 2004 level.	During FY 2006, assure that the proportion of patients with diagnosed diabetes that have poor glycemic control does not increase over FY 2005 level.	Kelly Acton, OCPS/DDTP, 505-248-4182
<u>Diabetes: Ideal Glycemic Control:</u> Address the proportion of patients with diagnosed diabetes that have demonstrated glycemic control at the ideal level. [intermediate outcome]	During FY 2004, increase the proportion of I/T/U clients with diagnosed diabetes that have demonstrated improved glycemic control (defined as ideal control) by 1% over FY 2003 level.	During FY 2005, maintain the proportion of patients with diagnosed diabetes that have demonstrated ideal glycemic control at the FY 2004 level.	During FY 2006, maintain the proportion of patients with diagnosed diabetes that have demonstrated ideal glycemic control at the FY 2005 level.	Kelly Acton, OCPS/DDTP, 505-248-4182
<u>Diabetes: Blood Pressure Control:</u> Address the proportion of patients with diagnosed diabetes that have achieved blood pressure. [intermediate outcome]	During FY 2004, increase the proportion of I/T/U clients with diagnosed diabetes that have achieved blood pressure control by 1% over the FY 2003 level.	During FY 2005, maintain the proportion of patients with diagnosed diabetes that have achieved blood pressure control at the FY 2004 level.	During FY 2006, maintain the proportion of patients with diagnosed diabetes that have achieved blood pressure control at the FY 2005 level.	Kelly Acton, OCPS/DDTP, 505-248-4182
<u>Diabetes: Dyslipidemia Assessment:</u> Address the proportion of patients with diagnosed diabetes assessed for dyslipidemia. [intermediate outcome]	During FY 2004, increase the proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol) by 1% over the FY 2003 level.	During FY 2005, maintain the proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol) at the FY 2004 level.	During FY 2006, maintain the proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol) at the FY 2005 level.	Kelly Acton, OCPS/DDTP, 505-248-4182
<u>Diabetes: Nephropathy Assessment:</u> Address the proportion of patients with diagnosed diabetes assessed for nephropathy. [intermediate outcome]	During FY 2004, increase the proportion of patients with diagnosed diabetes assessed for nephropathy by 1% over the FY 2003 level.	During FY 2005, maintain the proportion of patients with diagnosed diabetes assessed for nephropathy at the FY 2004 level.	During FY 2006, maintain the proportion of patients with diagnosed diabetes assessed for nephropathy at the FY 2005 level.	Kelly Acton, OCPS/DDTP, 505-248-4182

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<u>Diabetic Retinopathy:</u> Address the proportion of patients with diagnosed diabetes who receive an annual diabetic retinal examination at designated sites. [intermediate outcome]	During FY 2004, increase the proportion of patients with diagnosed diabetes who receive an annual diabetic retinal examination at designated sites by 3% over the FY 2003 rate.	During FY 2005, maintain the proportion of patients with diagnosed diabetes who receive an annual diabetic retinal examination at designated sites at the FY 2004 rate.	During FY 2006, maintain the proportion of patients with diagnosed diabetes who receive an annual retinal examination at the FY 2005 level.	Mark Horton PIMC 602-263-2217 602-820-7654 (cell)
Cancer Screening Group				
<u>Cancer Screening: Pap Smear Rates:</u> Address the proportion of eligible women patients who have had a Pap screen within the previous three years. [intermediate outcome]	During FY 2004, maintain the proportion of eligible women patients who have had a Pap screen within the previous three years at the FY 2003 levels.	During FY 2005, maintain the proportion of eligible women patients who have had a Pap screen within the previous three years at the FY 2004 levels.	During FY 2006, maintain the proportion of female patients ages 21 through 64 without a documented history of hysterectomy who have had a Pap screen within the previous three years at the FY 2005 level.	Nat Cobb, OPHS/Epi, 505-248-4132
<u>Cancer Screening: Mammogram Rates:</u> Address the proportion of eligible women who have had mammography screening within the last 2 years. [intermediate outcome]	During FY 2004, maintain the proportion of eligible women patients who have had mammography screening within the last 2 years at the FY 2003 level.	During FY 2005, maintain the proportion of eligible women patients who have had mammography screening at the FY 2004 rate.	During FY 2006, maintain the proportion of female patients ages 50 through 64 who have had mammography screening within the last 2 years at the FY 2005 level.	Nat Cobb,/OPHS/Epi, 505-248-4132
<u>Cancer Screening: Colorectal Rates:</u> Address the proportion of eligible patients who have had appropriate colorectal cancer screening. [intermediate outcome]	No indicator.	No indicator.	During FY 2006, establish baseline rate of colorectal screening for clinically appropriate patients ages 50 and older.	Nat Cobb, /OPHS/Epi, 505-248-4132
Alcohol and Substance Abuse Group				
<u>RTC Improvement/Accreditation:</u> Assure quality and effectiveness of Youth Regional Treatment Centers. [intermediate outcome; changes to output in 05]	<u>RTC Improvement:</u> During FY 2004, YRTCs will show improvement in 4 criteria by 2% over FY 2003.	<u>RTC Accreditation:</u> During FY 2005, the Youth Regional Treatment Centers that have been in operation for 18 months or more will achieve 100% accreditation either through CARF or a comparable accreditation process.	<u>RTC Accreditation:</u> During FY 2006, the Youth Regional Treatment Centers that have been in operation for 18 months or more will achieve 100 % accreditation either through CARF, or a comparable accreditation process.	Wilbur Woodis, OCPS/DBH, 301- 443-6581

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<u>Alcohol Screening (FAS Prevention):</u> Address screening for alcohol use in appropriate female patients. [intermediate outcome]	During FY 2004, establish a baseline screening rate for alcohol use in women of childbearing age.	During FY 2005, increase the screening rate for alcohol use in women of childbearing age over the FY 2004 rate.	During FY 2006, increase the screening rate for alcohol use in females ages 15 to 44 over the FY2005 rate.	Wilbur Woodis, OCPS/DBH, 301-443-6581
Oral Health Group				
<u>Fluoridated Water:</u> Address access to optimally fluoridated water for the AI/AN population. [intermediate outcome] <u>In 2005, changes to Fluoridation: Address American Indian and Alaska Native patients' access to topical fluoridation.</u>	During FY 2004, increase the proportion of AI/AN population receiving optimally fluoridated water by 1% over the FY 2003 levels for all IHS Areas.	During FY 2005, establish (1) the baseline number of topical fluoride applications provided to American Indian and Alaska Native patients, with a maximum number of four applications per patient per year and (2) the baseline number of American Indian and Alaska Native patients receiving at least one topical fluoride application.	During FY 2006, increase by 1% (1) the number of topical fluoride applications provided to American Indian and Alaska Native patients, with a maximum number of four applications per patient per year and (2) the number of American Indian and Alaska Native patients receiving at least one topical fluoride application above the FY 2005 levels.	Patrick Blahut, OCPS/DOH, 301-443-1106
<u>Dental Access:</u> Address the proportion patients who obtain access to dental services. EFFICIENCY MEASURE	During FY 2004, maintain the proportion of patients that obtain access to dental services at the FY 2003 level.	During FY 2005, maintain the proportion of patients that obtain access to dental services at the FY 2004 level.	During FY 2006, maintain the proportion of patients that obtain access to dental services at the FY 2005 level.	Patrick Blahut, OCPS/DOH, 301-443-1106
<u>Dental Sealants:</u> Address the number of sealants placed per year in American Indian and Alaska Native patients. [intermediate outcome]	During FY 2004, maintain the number of dental sealants placed per year in American Indian and Alaska Native patients at the FY 2003 level.	During FY 2005, maintain the number of dental sealants placed per year in American Indian and Alaska Native patients at the FY 2004 level.	During FY 2006, maintain the number of dental sealants placed per year in American Indian and Alaska Native patients at the FY 2005 level.	Patrick Blahut, OCPS/DOH, 301-443-1106
<u>Diabetes: Dental Access:</u> Address the proportion of patients diagnosed with diabetes who obtain access to dental services. [intermediate outcome]	During FY 2004, increase the proportion of patients with diagnosed diabetes who obtain access to dental services by 1% over the FY2003 level.	During FY 2005, maintain the proportion of patients with diagnosed diabetes who obtain access to dental services at the FY 2004 level.	During FY 2006, maintain the proportion of patients diagnosed with diabetes who obtain access to dental services at the FY 2005 level.	Patrick Blahut, OCPS/DOH, 301-443-1106

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Family Abuse, Violence, and Neglect Indicator				
<u>Domestic (Intimate Partner) Violence Screening:</u> Address the proportion of women who are screened for domestic violence at health care facilities. [intermediate outcome]	During FY 2004, the IHS will screen at least 15% of female patients ages 16-24 for domestic violence at health care facilities.	During FY 2005, the IHS will maintain the screening rate for domestic violence in females ages 15 through 40 at the FY 2004 rate.	During FY 2006, increase the screening rate for domestic violence in females ages 15 through 40 over the FY 2005 rate.	Theresa Cullen, ITSC/DIR/OMS 520-670-4803 Ramona Williams, OCPS/DBH, 301-443-2038
Information Technology Development Group				
<u>Data Quality Improvement:</u> Expand the automated extraction of GPRA clinical performance measures and improve data quality. EFFICIENCY MEASURE 05/06	During FY 2004, implement a national program to improve the quality, accuracy and timeliness of Resource Patient Management System (RPMS) Patient Care Component (PCC) clinical data to support the Agency's GPRA clinical measures by a. Implementing quality training in all Areas b. Expanding the current automated data quality assessment "package" to include 2 additional clinical measures.	During FY 2005, implement a national program to improve the quality, accuracy and timeliness of Resource Patient Management System (RPMS) Patient Care Component (PCC) clinical data to support the Agency's GPRA clinical measures by expanding the current automated data quality assessment "package" to include two new additional clinical measures.	During FY 2006, continue the automated extraction of GPRA clinical performance measures through ongoing development and deployment of CRS (clinical reporting system) software.	Mike Gomez IHPES, 505-248-4152
<u>Behavioral Health:</u> Expand the Behavioral Health Data System by increasing use of appropriate software applications.	During FY 2004, improve the Behavioral Health (BH) Data System by assuring at least an additional 5% of the programs will report minimum agreed-to behavioral health-related data into the national data warehouse.	During FY 2005, expand the Behavioral Health (BH) Data System by increasing the number of sites using the RPMS Behavioral Health (BH) software application over the FY 2004 level.	A new behavioral health clinical indicator will be developed for FY 2006 that utilizes the enhanced functionality in the IHS Integrated Behavioral Health (IBH) application and reflects patient outcomes. The IBH application will be deployed within the IHS Electronic Health Record by the end of FY 2005.	Wilbur Woodis, OCPS/DBH, 301-443-6581

Performance Indicator	FY 2004 Target	2005 Target	2006 Target	Headquarters Lead
<u>Urban IS Improvement:</u> Expand Urban Indian Health Program capacity for securing mutually compatible automated information system that captures health status and patient care data for the Indian health system.	During FY 2004, IHS will develop a specific minimum data set as well as appropriate language for the urban C&G.	During FY 2005, IHS will have in place contract and grant requirements for all urban Indian programs to provide a specified data set in a standard format.	During FY 2006, IHS will establish baseline participation in urban data sharing.	Denise Exendine /OD/OUIHP, 301-443-4680
Quality of Care Group				
<u>Accreditation:</u> Maintain 100% accreditation of all IHS hospitals and outpatient clinics.	During FY 2004, maintain 100% accreditation of all IHS hospitals and outpatient clinics.	During FY 2005, maintain 100% accreditation of all IHS-operated hospitals and outpatient clinics.	During FY 2006, maintain 100% accreditation of all IHS-operated hospitals and outpatient clinics.	Balerna Burgess, ORAP/BOE, 301-443-1016
<u>Medication Error Improvement:</u> Address medication errors by developing a reporting system to reduce medication error. [intermediate outcome] <u>In 2006, changes to Medical Error Improvement: Address medical errors through development and implementation of a medical error reporting system.</u>	During FY 2004, a. Establish baseline data for medication error reporting for all IHS Areas, and; b. Pilot test standardized medication error reporting system in two additional areas.	During FY 2005, all direct care facilities shall be using the NCCMERP nationally recognized medication error definition, and shall have a non-punitive multi-disciplinary medication error reporting system in place.	During FY 2006, IHS will establish and evaluate a medical error reporting system at 3 areas.	Robert Pittman, OCPS/DCCS, 301-443-1190
<u>Customer Satisfaction:</u> Assess consumer satisfaction with the acceptability and accessibility of health care	By the end of FY 2004, improve consumer satisfaction rates by 3% over the FY 2003 baseline.	Eliminated in FY 2005. (subsumed by accreditation indicator)	Eliminated effective FY 2005.	Ben Muneta Phil Smith, OPHS 301-443-6528
PREVENTION INDICATORS				
Public Health Nursing Indicator				
<u>Public Health Nursing:</u> Address the number of public health nursing services (primary and secondary treatment and preventive services) provided by public health nursing.	During FY 2004, maintain the total number of public health nursing services (primary and secondary treatment and preventive services) provided to individuals in all settings and the	During FY 2005, maintain the total number of public health nursing services (primary and secondary treatment and preventive services) provided to individuals in all settings at the	During FY 2006, a new interim outcome indicator will be developed.	Francis Frazier, OCPS/DNS, 301-443-1840

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EFFICIENCY MEASURE	total number of home visits at the FY 2003 workload levels.	FY 2004 workload levels.		
Immunization Group				
<u>Childhood Immunizations:</u> Address rates for recommended immunizations for AI/AN children 19-35 months. [intermediate outcome]	During FY 2004, establish baseline rates for recommended immunizations for American Indian and Alaska Native children 19-35 months AND increase 3-27 month rates by 2% over FY 2003.	During FY 2005, maintain baseline rates for recommended immunizations for American Indian and Alaska Native children 19-35 months compared to FY2004.	During FY 2006, maintain baseline rates for recommended immunizations for American Indian and Alaska Native children 19-35 months compared to FY 2005.	Amy Groom, OPHS/Epi 505-248-4226 Jim Cheek, OPHS/Epi, 505-248-4226
<u>Adult Immunizations:</u> <u>Influenza:</u> Address influenza vaccination rates among non-institutionalized adult patients aged 65 years and older. [intermediate outcome]	In FY 2004, maintain FY 2003 rate for influenza vaccination levels among non-institutionalized adult patients aged 65 years and older.	In FY 2005, maintain the FY 2004 rate for influenza vaccination levels among non-institutionalized adult patients aged 65 years and older. (ON HOLD in FY 2005 due to influenza vaccine shortage)	In FY 2006, maintain FY 2005 rate for influenza vaccination levels among non-institutionalized adult patients aged 65 years and older.	Amy Groom, OPHS/Epi. 505-248-4226 Jim Cheek, DPHS/Epi, 505-248-4226
<u>Adult Immunizations:</u> <u>Pneumovax:</u> Address pneumococcal vaccination rates among non-institutionalized adult patients age 65 years and older. [intermediate outcome]	In FY 2004, maintain the FY 2003 rate for pneumococcal vaccination levels among non-institutionalized adult patients age 65 years and older.	In FY 2005, maintain the FY 2004 rate for pneumococcal vaccination levels among non-institutionalized adult patients age 65 years and older.	In FY 2006, maintain the FY 2005 rate for pneumococcal vaccination levels among non-institutionalized adult patients age 65 years and older.	Amy Groom, OPHS/Epi 505-248-4226 Jim Cheek, OPHS/Epi 505-248-4226
Injury Prevention Group				
<u>Injury Intervention:</u> Support community-based injury prevention programs.	<u>Injury Intervention Projects:</u> During FY 2004, maintain at least 36 community-based, proven injury prevention intervention projects across I/T/U settings.	<u>Web-based reporting:</u> During FY 2005, develop a web-based data collection system to report injury prevention projects.	<u>Web Based Reporting:</u> During FY 2006, implement web-based data collection system to report injury prevention projects.	Nancy Bill, OEHE/DEHS, 301-443-0105
<u>Unintentional Injury Rates:</u> Address the number of unintentional injuries for AI/AN people. [outcome]	During FY 2004, reduce deaths caused by unintentional injuries to no higher than the FY 2003 level.	During FY 2005, reduce deaths caused by unintentional injuries to no higher than the FY 2004 level.	During FY 2006, reduce deaths caused by unintentional injuries to no higher than the FY 2005 level.	Nancy Bill, OEHE/DEHS, 301-443-0105

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Suicide Prevention Indicator				
<u>Suicide Surveillance:</u> Support suicide prevention by collecting comprehensive data on the incidence of suicidal behavior. [Changes to intermediate outcome in FY 2006]	During FY 2004, implement national reporting plan to support national performance management of AI/AN suicide.	During FY 2005, integrate the Behavioral Health suicide reporting tool into RPMS.	During FY 2006, establish baseline data on suicide using the RPMS suicide reporting tool.	Wilbur Woodis, OCPS/DBH, 301-443-6581
Developmental Prevention and Treatment				
<u>CVD Prevention: Cholesterol:</u> Support clinical and community-based cardiovascular disease prevention initiatives. [Changes to intermediate outcome in FY 2005]	<u>CVD Prevention Pilots:</u> During FY 2004, support clinical and community-based cardiovascular disease prevention initiatives through the addition of one pilot site and appropriate evaluation of the pilot projects.	<u>CVD Prevention: Cholesterol:</u> During FY 2005, establish the number of patients ages 23 and older that receive blood cholesterol screening.	During FY 2006, increase the number of patients ages 23 and older that receive blood cholesterol screening.	James Galloway, PAO/Native American Cardiology Program, 928-214-3920
<u>Obesity Assessment:</u> Support clinical and community-based obesity prevention initiatives. [intermediate outcome]	During FY 2004, establish baseline BMI measures.	During FY 2005, each area will increase the number of patients for whom BMI data can be measured by 5%.	During FY 2006, decrease the obesity rates in children, ages 2-5 years. (Under review; may be revised)	Jean Charles-Azure, OCPS/DCCS, 301-443-0576
<u>Tobacco Use Assessment:</u> Support local level initiatives directed at reducing tobacco usage. [intermediate outcome]	By the end of 2004, the IHS will have established rates of screening for tobacco use.	During 2005, rates of screening for tobacco use in patients will be maintained at FY 2004 rates.	During 2006, establish the rates of tobacco using patients that receive tobacco cessation intervention.	Nat Cobb, OPHS/Epi , 505-248-4132
HIV/AIDS Group				
<u>HIV Screening/Status:</u> Support screening for HIV infections in appropriate population groups. [intermediate outcome]	<u>HIV Status:</u> During FY 2004, determine the percentage of high-risk sexually active persons who have been tested for HIV at an additional 10 sites.	<u>Prenatal HIV Screening:</u> In FY 2005, establish the baseline number of women screened for HIV in pregnancy.	<u>Prenatal HIV Screening:</u> In FY 2006, increase the screening rates for HIV in pregnant female patients.	Jim Cheek, DPHS/Epi, 505-248-4226

Performance Indicator	FY 2004 Target	2005 Target	2006 Target	Headquarters Lead
<u>Environmental Surveillance:</u> Implement automated web-based environmental health surveillance data collection system in tribal systems.	During FY 2004, the IHS will increase the number of active tribal user accounts for the automated Web-based environmental health surveillance system by 15% over the FY 2003 level for American Indian and Alaska Native tribes not currently receiving direct environmental health services.	By the end of FY 2005, 12 environmental health programs will have reported the regionally appropriate environmental health priorities based on current community data into WebEHRS.	By the end of FY 2006, 50% more environmental health programs above FY 2005 level will have reported the regionally appropriate environmental health priorities based on current community data (a total of 18 programs in FY 2006) into WebEHRS.	Kelly Taylor, OEHE,OPHS, 301-443-1593
CAPITAL PROGRAMMING/INFRASTRUCTURE INDICATORS				
<u>Sanitation Improvement:</u> Provide sanitation facilities to new or like-new homes and existing Indian homes. EFFICIENCY MEASURE	During FY 2004, provide sanitation facilities projects to 22,000 Indian homes with water, sewage disposal, and/or solid waste facilities.	During FY 2005, provide sanitation facilities projects to 20,000 Indian homes with water, sewage disposal, and/or solid waste facilities.	During FY 2006, provide sanitation facilities projects to 20,000 Indian homes with water, sewage disposal, and/or solid waste facilities.	James Ludington, OEHE/DSFC 301-443-1046
<u>Sanitation Improvement A.</u> During FY 2006 20% of the homes served will be at Deficiency Level 4 or above as defined by 25 USC 1632.	No indicator.	No indicator.	During FY 2006 20% of the homes served by the Sanitation Facilities Construction Program funding for the backlog of needs for existing homes will be at Deficiency Level 4 or above as defined by 25 USC 1632.	James Ludington, OEHE/DFSC , 301-443-1046
<u>Health Care Facility Construction:</u> Improve access to health care by construction of the approved new health care facilities. EFFICIENCY MEASURE 05/06	During FY 2004, increase the modern health care delivery system to improve access and efficiency of health care by construction of the following health care facilities: a. Pinon, AZ – continue construction of a new health center, including supporting staff quarters.	During FY 2005, increase the modern health care delivery system to improve access and efficiency of health care by assuring the timely phasing of construction of the following health care facilities: a. Winnebago, NE – revise method of providing Drug Dependency Unit portion of project since renovation of old	During FY 2006, increase the modern health care delivery system to improve access and efficiency of health care by assuring the timely phasing of construction of the following health care facilities: a. Winnebago, NE – continue providing Drug Dependency Unit portion of project. b. Phoenix Indian Medical Center (PIMC) System, SE Ambulatory	Jose Cuzme, OEHE/DFPC/, 301-443-8616

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	<p>b. Red Mesa, AZ – continue construction of a new health center, including staff quarters.</p> <p>c. Metlakatla, AK – continue construction of a replacement tribal health center, including supporting staff quarters.</p> <p>d. Sisseton, SD – complete design of a replacement health center, including supporting staff quarters.</p>	<p>structure no longer considered feasible.</p> <p>b. Phoenix Indian Medical Center (PIMC) System, SE Ambulatory Care Center (ACC), Upper Santan, AZ – continue planning of this satellite health center.</p> <p>c. PIMC, SW ACC, Komatke, AZ – continue planning of this satellite health center.</p> <p>d. Barrow, AK – commence site acquisition and design of replacement hospital.</p> <p>e. Pinon, AZ – complete construction of new health center and supporting staff quarters.</p> <p>f. Red Mesa, AZ –continue construction of a new health center and supporting staff quarters.</p> <p>g. St. Paul, AK – continue construction of replacement health center and supporting staff quarters.</p> <p>h. Metlakatla, AK – continue construction of replacement health center and supporting staff quarters.</p> <p>i. Sisseton, SD –continue construction of replacement health center and supporting staff quarters.</p> <p>j. Clinton, OK – complete design and commence construction of replacement health center.</p> <p>k. Eagle Butte, SD – complete planning for replacement health center.</p>	<p>Care Center (ACC), Upper Santan, AZ – complete planning and commence design of new satellite health center.</p> <p>c. PIMC System, SW ACC, Komatke, AZ – complete planning and commence design of new satellite health center.</p> <p>d. Barrow, AK – complete site acquisition and continue design of replacement hospital.</p> <p>e. Red Mesa, AZ – complete construction of new health center and supporting staff quarters.</p> <p>f. St. Paul, AK – complete construction of replacement health center and supporting staff quarters.</p> <p>g. Metlakatla, AK – complete construction of replacement health center and supporting staff quarters.</p> <p>h. Sisseton, SD – continue construction of a replacement health center and supporting staff quarters.</p> <p>i. Clinton, OK – continue construction of replacement health center.</p> <p>j. Eagle Butte, SD – commence design of replacement health center.</p> <p>k. Kayenta, AZ – prepare to commence design of replacement health center.</p> <p>l. San Carlos, AZ – prepare to commence design of replacement health center.</p> <p>m. Zuni, NM – complete design and construction of staff quarters</p>	

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		<p>l. Kayenta, AZ – complete planning of replacement health center.</p> <p>m. San Carlos, AZ – complete planning of replacement health center.</p> <p>n. Bethel, AK – complete design-build of staff quarters supporting the existing health care facility.</p> <p>o. Zuni, NM –continue design and construction of staff quarters supporting existing health care facility.</p> <p>p. Wagner, SD – commence design and construction of staff quarters supporting existing health care facility.</p> <p>q. Ft. Belknap, MT – complete planning update of staff quarters supporting existing health care facility in Harlem, MT, and satellite health care facility in Hays, MT, and commence design and construction of Harlem units.</p> <p>r. Wadsworth, NV – continue design and construction of Phoenix-Nevada satellite Youth Regional Treatment Center (YRTC).</p> <p>s. Central-Southern California – complete YRTC project planning and commence site acquisition.</p> <p>t. Northern California – complete YRTC project planning and commence site acquisition.</p> <p>u. Joint Venture Construction Program (JVCP) – negotiate JVCP Agreement and issue</p>	<p>supporting existing health care facility.</p> <p>n. Wagner, SD – continue design and construction of staff quarters supporting existing health care facility.</p> <p>o. Ft. Belknap, MT – continue design and construction of staff quarters supporting existing health care facility in Harlem, MT, and satellite health care facility in Hays, MT.</p> <p>p. Phoenix-Nevada Youth Regional Health Center (YRTC) – continue construction of this satellite YRTC.</p> <p>q. Central-Southern California YRTC – continue site acquisition.</p> <p>r. Northern California YRTC – continue site acquisition.</p> <p>s. Small Ambulatory Program (SAP) – until completed, continue to monitor tribal construction projects receiving FY 2001, FY 2002, and FY 2003 awards. Award additional competitively selected tribally owned health center SAP projects using FY 2005 funding.</p>	

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		<p>funding for initial equipment for tribally provided and owned health center.</p> <p>t. Small Ambulatory Program (SAP) – until completed, continue to monitor tribal construction projects receiving FY 2001, FY 2002, and FYP 2003 awards. With tribal consultation, update administration procedures and solicit FY 2005 SAP applications for tribally owned health center projects.</p> <p>u. Dental Facilities Program – using FY 2005 funding, provide additional dental units.</p>		
CONSULTATION, PARTNERSHIPS, CORE FUNCTIONS, AND ADVOCACY INDICATORS C				
Consultation Improvement Indicator				
Consultation Process Improvement: Improve the level of satisfaction with the processes for consultation and participation provided by the IHS, as measured by a survey of I/T/Us.	During FY 2004, the IHS will increase stakeholder satisfaction with the agency's consultation process by 3% over the FY 2003 baseline.	Eliminated effective FY 2005.	Eliminated effective FY 2005.	Dave Byington, OTP/OD, 301-443-1104
Administrative Efficiency, Effectiveness, and Accountability Group				
CHS Procurement Improvement: Improve the level of Contract Health Service (CHS) procurement of inpatient and outpatient hospital services for routinely used providers under contracts or rate quote agreements at the IHS-wide reporting level.	During the FY 2004 reporting period, the IHS will improve the level of CHS procurement of inpatient and outpatient hospital services for routinely used providers by at least +1% over the FY 2003 level of the total dollars paid to contract providers or rate quote agreements at the IHS-wide reporting level.	<p>Eliminated in FY 2005 due to the Medicare Modernization Act that makes CHS negotiated contracts obsolete.</p> <p>Moves to Treatment group in FY 2006.</p>	<p>IHS will develop a new indicator for FY 2006.</p> <p>Moves to Treatment group in FY 2006.</p>	<p>Clayton Old Elk</p> <p>Brenda Jeanotte, ORAP/DCC, 301-443-2694</p>

Performance Indicator	FY 2004 Target	2005 Target	2006 Target	Headquarters Lead
<u>Public Health Infrastructure</u> Assure appropriate administrative and public health infrastructure is in place in response to agency reorganization and accountability requirements.	By the end of FY 2004, the IHS will have completed a systematic assessment of the public health infrastructure for Headquarters in one additional Area Office.	By the end of FY 2005, the IHS will have completed a systematic assessment of the public health infrastructure for Headquarters in an additional three Area Offices.	Eliminated effective FY 2006.	Nat Cobb, OPHS/Epi, 505-248-4132
<u>Compliance Plans:</u> Increase the proportion of I/T/Us who have implemented Hospital and Clinic Compliance Plans to assure that claims meet the rules, regulations, and medical necessity guidance for Medicare and Medicaid payment.	Eliminated in FY 2004.	Eliminated in FY 2004.	Eliminated effective FY 2004.	
<u>Tribal SD Process:</u> Support Tribal Self-Determination through technical assistance	Eliminated in FY 2004.	Eliminated in FY 2004.	Eliminated effective FY 2004.	
Quality of Work Life and Staff Retention Group				
<u>Scholarships:</u> Assess scholarship program for placement and efficiency. EFFICIENCY MEASURE.	By the end of FY 2004, the IHS will establish a baseline for the proportion of Health Profession Scholarship recipients that are placed in I/T/U programs within 90 days of graduation from their health/allied health discipline program.	During FY 2005, the IHS will increase its efficiency in placing Health Profession Scholarship recipients in Indian health settings within 90 days of graduation by 2% over the established FY 2004 baseline. Moves to Treatment Group in 2006	During FY 2006, IHS will increase its efficiency in placing Health Profession Scholarship recipients in Indian health settings within 90 days of graduation over the established FY 2004 baseline. Moves to Treatment Group in 2006	Jess Brien, OPHS/DHP, 301-443-2545